


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2008 8:00 am
Secretary of State

01-15-2008 90032 026 ****61.25

DOCUMENT # N04000008095

1. Entity Name
SENIOR TENNIS OF VOLUSIA, INC.



Principal Place of Business
**PO BOX 411153
 MELBOURNE, FL 32941-1153**

Mailing Address
**PO BOX 411153
 MELBOURNE, FL 32941-1153**

DO NOT WRITE IN THIS SPACE

90000000



01052008 No Chg-NP CR2E037 (4/06)

4. FEI Number
41-2144271

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MORGAN, BARBARA
 1237 FERENGETI WAY
 ROCKLEDGE, FL 32925**

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **BARBARA MORGAN, SECRETARY** DATE **1/9/08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WONG, BARBARA
STREET ADDRESS	2870 CAMBERLY CIRCLE
CITY-ST-ZIP	MELBOURNE, FL 32940
TITLE	S
NAME	MORGAN, BARBARA
STREET ADDRESS	1237 FERENGETI WAY SERENGETI
CITY-ST-ZIP	ROCKLEDGE, FL 32925
TITLE	T
NAME	MACAHERSON, SUSAN
STREET ADDRESS	1407 HAMPTON PARK LANE
CITY-ST-ZIP	MELBOURNE, FL 32940
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Barbara Morgan** DATE **1/9/08** DAYTIME PHONE # **321-698-8678**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR